

CALIFORNIA STATE DEPARTMENT OF PUBLIC HEALTH

J. D. DUNSHEE, M.D., Director

Weekly Bulletin

STATE BOARD OF PUBLIC HEALTH

HOWARD MORROW, M.D., San Francisco, President

EDWARD M. PALLETTE, M.D., Los Angeles, Vice President

GEO. H. KRESS, M.D., Los Angeles

JUNIUS B. HARRIS, M.D., Sacramento

WM. R. P. CLARK, M.D., San Francisco

GIFFORD L. SOBEY, M.D., Paso Robles

J. D. DUNSHEE, M.D., Sacramento

SAN FRANCISCO

State Office Building, McAllister and
Larkin Streets Underhill 8700

SACRAMENTO

State Office Building, 10th and L Streets
Capital 2800

LOS ANGELES

State Office Building, 217 West First
Street Madison 1271

Entered as second-class matter February 21, 1922, at the post office at Sacramento, California, under the Act of August 24, 1912.
Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917.

Vol. XIII, No. 46

December 15, 1934

GUY P. JONES
EDITOR

Big Business—Little Babies

As a nation's greatest asset is its man power, so is its biggest business child culture. This is not alone the parents' business, either. It is everybody's business. The safety of the country and the future security of my children will depend upon the health and intelligence of my neighbors' children—of all children. That is why schools are provided at public expense, with compulsory attendance. That is the why of a Health Department, with its Division of Child Hygiene.

But how much attention shall a governmental, tax-supported agency give to baby culture? How shall we know in these times of aroused social consciousness, whether we are doing a good job? We have long recognized the schools as the foundation of democracy. But we learn that by the age of six years the child's future—physical, mental, emotional—is already largely determined.

Without depreciating the importance of heredity, we are becoming more and more aware of the tremendous importance of care and training of the infant and run-about child. Part of this is the province of the health department, in the opinion of most authorities. Parents have come to depend upon the technical knowledge and skill of health physicians and health nurses employed in every community to safeguard and develop this mass of plastic human material. This service is not charity. It is not relief

to the indigent or the unemployed. It is merely cooperation in attaining a socially desirable end in the least expensive way—especially desirable, be it remembered, from the standpoint of the State.

Then there is the part of the family physicians who, in their private practices, sometimes offer courses of instruction and advice for mothers of well babies. We have no figures (but hope soon to have) upon the contribution of our private physicians in this endeavor; but we can report that the county health department has held 152 meetings ("health conferences") the last year, at which the mothers of 322 infants under one year of age attended a total of 744 times, for the purpose of receiving instruction upon their care and training, and at these same meetings 455 other children between the ages of one and five years were present with their parents a total of 1225 times for the same reason.

Let us see how these figures compare with our requirement, as measured by standards set up by the American Public Health Association in the light of modern scientific knowledge and proven social practices in various communities. They tell us that, with our infant death rate of 50 (50 babies out of every thousand die before they reach their first birthday anniversary), we should see about 200 well infants each year at the health conferences or doctors' offices, and about 500 of the older babies (age 1 to 5). It

University of California
School Library
1935

would seem, therefore, that we meet the minimal requirements so far as medical conferences are concerned.

For those mothers who can not come to such meetings, a home educational service must be provided. Our health nurses see practically every new infant in the county at least once in his first year, and many of them are visited again and again. As for the older tots, we are expected to have at least 20 per cent of them under nursing supervision, whereas we actually have about half of them registered and receiving home visits and help from time to time as their need indicates.

But is the service of good quality? How shall we judge? First, we can say that it is in great demand. These hundreds of mothers come for a serious purpose and they indicate in many ways that they value the instruction given. At the medical conferences, the day is usually divided into 15-minute periods and each mother is given a definite 15-minute appointment. Only by this means can congestion be avoided and the doctor's time fairly distributed. If twice as much service were available, it would be utilized to good purpose, but the limited personnel of the health department limits likewise the amount of baby health service that can be provided.

We find, too, that the advice given is usually promptly acted upon. Curative or corrective medicine or surgery may be needed. In such instances the mother obtains service of the family physician or at a clinic and the child's health record card in our files is then posted to show that the needed attention has been obtained. More and more children are being immunized against diphtheria and smallpox at an early age. Henceforth we shall find that the majority have had this attended to before they enter school.

But it is not always a matter of physical health that brings these mothers to the health meetings. Perhaps more often they want help with problems of training, dietary habits, rest habits, toilet training, emotional disturbances, fears, rages (tantrums), maladjustments. This is a service which the average family physician is glad to delegate to someone else especially qualified to deal with such problems. While these often do arise wholly or in part from physical defects or ill health, they may, nevertheless, persist long after such defects have been corrected. At the child health conferences, therefore, each child's case is considered from many angles. Contributing factors may be discovered which even the mother has not suspected. It is not surprising that such a service is highly valued and eagerly sought.—Dr. R. C. Main, Health Officer, Santa Barbara County.

HIGHWAY INSPECTIONS CONTINUED

The following food supply places and service stations, situated along various highways, were inspected in November, with results as indicated:

Highway 99 through Stanislaus County from the Merced County line to the San Joaquin County line:

Food supply places inspected.....	49
Conditions satisfactory.....	30
Minor defects.....	14
Insanitary conditions.....	5
Service stations inspected.....	15
Conditions satisfactory.....	11
Minor defects.....	1
Insanitary conditions.....	3

U. S. Highway 99 through Fresno County from the Kings County line to the Madera County line:

Food supply places reinspected.....	37
Conditions satisfactory.....	27
Minor defects.....	7
Insanitary conditions.....	3
Service stations reinspected.....	10
Conditions satisfactory.....	5
Minor defects.....	4
Insanitary conditions.....	1

Yosemite Highway, Merced to Mariposa County line:

Food supply places inspected.....	4
Conditions satisfactory.....	3
Minor defects.....	1
Insanitary conditions.....	0
Service stations inspected.....	3
Conditions satisfactory.....	3

Yosemite Highway, Merced County line to Mariposa:

Food supply places inspected.....	5
Conditions satisfactory.....	3
Minor defects.....	2
Service stations inspected.....	6
Conditions satisfactory.....	4
Minor defects.....	2
Miscellaneous food supply places inspected.....	35
Conditions satisfactory.....	19
Minor defects.....	9
Insanitary conditions.....	7
Miscellaneous service stations inspected.....	22
Conditions satisfactory.....	14
Minor defects.....	6
Insanitary conditions.....	2
Total roadside food supply places inspected.....	93
Conditions satisfactory.....	55
Minor defects.....	23
Conditions insanitary.....	15
Total service stations inspected.....	46
Conditions satisfactory.....	32
Minor defects.....	9
Insanitary conditions.....	5
Total roadside food supply places reinspected.....	37
Conditions satisfactory.....	27
Minor defects.....	7
Insanitary conditions.....	3
Total service stations reinspected.....	10
Conditions satisfactory.....	5
Minor defects.....	4
Insanitary conditions.....	1

Men used to die for their country, their religion, or their right of free speech; but now they die trying to make a curve at sixty miles an hour, racing a locomotive for a crossing, or competing with some other motorist for the exact center of the road.—Reidsville (N. C.) Review.

TULAREMIA SEASON IS HERE

At this season of the year hunters should be particular to bag only healthy rabbits. The animal that appears to be dazed or stupid is likely to be sick and may be infected with tularemia or "rabbit fever," a disease that causes prolonged disability in human beings. Only wild rabbits are known to be infected with the disease; it has never been discovered in tame rabbits. Hunters, market men, food handlers, housekeepers, cooks and other persons who may prepare game for the table should take simple precautions in handling wild rabbits. The game should never be handled with bare hands; the infection may be picked up from the fur as well as from the flesh or from the organs of the animal. If it is impossible to use gloves, the hands should be washed most thoroughly with soap and hot water immediately after handling a rabbit. Never should an open cut or scratch be permitted to come into contact with fur, flesh, or organs. Furthermore, the hands should be kept away from the face and eyes when handling these rodents. Many severe cases of eye infection have occurred through carelessness in handling rabbits. Paper or other coverings that may have come into contact with the game should always be burned and rabbit meat should be cooked thoroughly before consumption.

Tularemia may often resemble an acute infection like influenza or typhoid fever; very often an ulcer develops at the sight of the infection. Regardless of the form of the disease, there follows a long, serious and disturbing condition. It is always characterized by a long period of convalescence. The infection is carried by ticks and many small rodents may become infected. The simple precautions outlined here may prevent serious illness and prolonged disability.

SEPTEMBER MORTALITY

There were 5227 deaths registered in California during September. Of these 4961 were in members of the white race and 266 colored. As usual most of these deaths were due to diseases of the heart and circulatory system. Deaths from these causes totaled 2788. There were 587 deaths from cancer, 435 deaths from nonvenereal diseases of the genitourinary system, 426 deaths from diseases of the digestive system, 510 deaths from diseases of the nervous system and 357 deaths from tuberculosis.

There were relatively few deaths due to epidemic diseases. Among such deaths are the following: Typhoid 5, measles 2, scarlet fever 4, whooping cough 8, diphtheria 8, influenza, 9, and epidemic poliomyelitis, 11.

COMMON COLDS ARE COSTLY

By DR. WILSON G. SMILLIE, Professor of Public Health Administration, Harvard University School of Public Health.

How common is the "common cold?"

Colds are the commonest of all human ills.

The average person in the United States has two colds a year. About one-fourth of the nation has three or more colds a year and only a small portion has less than one cold annually. Only a very few lucky people never catch cold at all. More than half the absences from school are caused by colds. The cost to business in lost time due to colds each year is enormous, amounting to many millions in lost wages and service.

Colds occur throughout the world from the equator to the arctic. They are most common and produce most harm in the large industrial centers of the temperate zone, but they do occur even in the warm and balmy tropics. In milder climates, such as the West Indies, California or Florida, colds are less severe than in the North and are seldom followed by serious after effects. Thus many elderly people and invalids who are particularly susceptible to the serious effect of colds often avoid this difficulty by a winter migration to the South. February and March are the months to go.

TWO "COLD SEASONS"

There are two chief seasons for colds. The first season begins early in October. This soon comes into full bloom and then gradually fades. Fall colds are usually short—five to seven days—and are seldom followed by pneumonia or other serious consequences.

The second season for colds begins sometime after Christmas and such colds are in full flower in most communities by February. The after-effects of the winter colds are sometimes troublesome; occasionally they are serious.

INFANT DEATHS IN SEPTEMBER

There were 316 deaths of infants registered in California during September, out of a total of 6741 live births. Twenty-one of these 316 infant deaths were in colored infants. Malformations and diseases of early infancy caused 183 infant deaths, and premature birth was responsible for 95 such deaths. There were 159 stillbirths registered during the month.

Medicine absorbs the physician's whole being because it is concerned with the entire human organism.—Goethe.

MORBIDITY

Complete Reports for Following Diseases for Week Ending
December 8, 1934

Chickenpox

335 cases: Alameda County 2, Alameda 2, Berkeley 2, Oakland 40, San Leandro 11, Butte County 2, Antioch 1, Martinez 2, Fresno County 3, Humboldt County 1, Eureka 2, Kern County 9, Bakersfield 4, Kings County 14, Los Angeles County 10, Burbank 5, Hermosa 1, Long Beach 7, Los Angeles 34, Montebello 1, Pasadena 3, Santa Monica 4, Lynwood 1, Marin County 3, San Rafael 2, Fairfax 2, Monterey County 1, Huntington Beach 4, Riverside County 6, Sacramento 23, San Bernardino 1, Chula Vista 7, El Cajon 2, San Diego 15, San Francisco 48, San Joaquin County 2, Stockton 1, San Luis Obispo County 9, Paso Robles 5, Belmont 1, Santa Maria 7, Santa Clara County 2, San Jose 1, Vallejo 1, Sonoma County 6, Santa Rosa 1, Stanislaus County 3, Red Bluff 2, Tulare County 2, Porterville 1, Ventura County 9, Yolo County 1, Davis 5, Winters 1.

Diphtheria

48 cases: Oakland 3, Los Angeles County 1, Alhambra 1, Beverly Hills 1, Los Angeles 9, Redondo 3, Whittier 1, Pacific Grove 1, Anaheim 2, Santa Ana 2, Riverside County 4, Riverside 5, Sacramento County 1, Sacramento 3, San Bernardino County 1, Colton 1, San Bernardino 2, El Cajon 1, San Diego 1, San Francisco 1, Stockton 1, Santa Barbara 1, Palo Alto 1, Santa Paula 1.

German Measles

14 cases: Alameda County 1, Berkeley 1, Long Beach 1, Los Angeles 6, Torrance 1, Orange County 1, San Francisco 2, Lodi 1.

Influenza

47 cases: Jackson 1, Kings County 1, Los Angeles County 4, Huntington Park 1, Los Angeles 26, Santa Monica 1, South Gate 1, Orange County 1, Riverside County 1, San Diego 1, San Francisco 4, Stockton 2, South San Francisco 1, Stanislaus County 1, Yolo County 1.

Malaria

4 cases: San Joaquin County 3, California 1.*

Measles

162 cases: Emeryville 1, Oakland 1, San Leandro 1, Fresno County 1, Fresno 1, Humboldt County 4, Arcata 5, Eureka 11, Imperial County 1, Los Angeles County 1, Los Angeles 5, Santa Monica 1, Larkspur 1, Monterey County 1, Salinas 1, Napa County 1, Orange County 25, Placentia 1, Riverside County 2, Riverside 1, San Bernardino 1, San Francisco 2, San Joaquin County 31, Lodi 1, Stockton 27, Tracy 8, Santa Barbara County 2, Santa Maria 14, Santa Cruz 2, Stanislaus County 2, Tulare County 1, Exeter 4, Tuolumne County 1.

Mumps

123 cases: Alameda County 13, Berkeley 2, Emeryville 10, Hayward 3, Oakland 3, San Leandro 1, Burbank 9, Los Angeles 9, South Gate 1, Bell 1, Marin County 1, San Rafael 3, Fairfax 1, Napa County 1, Nevada County 4, Nevada City 1, Placentia 2, Sacramento County 1, Sacramento 1, San Francisco 5, San Joaquin County 6, Lodi 4, Stockton 4, Tracy 1, Arroyo Grande 1, Santa Barbara County 9, Santa Maria 6, Gilroy 1, Stanislaus County 10, Modesto 5, Tuolumne County 4.

Pneumonia (Lobar)

44 cases: Alameda County 2, Berkeley 1, Oakland 1, Colusa County 1, Antioch 2, Kern County 1, Bakersfield 1, Los Angeles County 1, Los Angeles 9, Pasadena 1, South Gate 1, Salinas 1, Orange 1, Riverside County 2, Riverside 1, Sacramento 3, San Diego 4, San Francisco 4, Lodi 2, Stockton 2, San Mateo 1, Santa Barbara 1, Oxnard 1.

Scarlet Fever

249 cases: Oakland 10, Colusa County 1, Fresno County 1, Fresno 1, Imperial County 1, Kern County 10, Lake County 1, Los Angeles County 17, Burbank 1, Claremont 2, Compton 2, Glendale 3, Long Beach 4, Los Angeles 63, Pasadena 3, Pomona 1, San Fernando 1, San Marino 1, Santa Monica 3, Sierra Madre 1, Hawthorne 2, South Gate 1, Bell 2, Gardena 2, Salinas 2, Orange County 3, Brea 1, Fullerton 1, Orange 4, Santa Ana 8, Riverside County 4, Riverside 1, Sacramento County 1, Sacramento 2, San Benito County 1, Colton 5, Needles 4, San Bernardino 2, San Diego 10, San Francisco 18, San Joaquin County 4, Lodi 1, Stockton 3, Santa Barbara County 5, Santa Barbara 1, Santa Clara County 2, San Jose 2, Willow Glen 1, Solano County 2, Suisun 1, Sonoma County 3, Modesto 1, Sutter County 2, Tulare County 8, Tuolumne County 1, Fillmore 1, Oxnard 5, Santa Paula 1, Yolo County 2, Woodland 1, Yuba County 1.

Smallpox

No cases reported.

* Cases charged to "California" represent patients ill before entering the State or those who contracted their illness traveling about the State throughout the incubation period of the disease. These cases are not chargeable to any one locality.

Typhoid Fever

11 cases: Fresno County 1, Brawley 1, Kings County 1, Los Angeles 1, Merced County 1, Hollister 1, San Bernardino 3, Fillmore 1, Yolo County 1.

Whooping Cough

94 cases: Alameda County 1, Alameda 1, Berkeley 2, Oakland 4, Fresno 2, Kern County 3, Los Angeles County 1, Glendale 1, Los Angeles 3, Monterey County 2, Fullerton 2, Huntington Beach 1, Santa Ana 3, Placentia 1, San Bernardino 2, San Diego 3, San Francisco 9, San Joaquin County 3, Stockton 5, San Luis Obispo 12, Daly City 3, Redwood City 2, Santa Barbara County 1, Lompoc 10, Santa Barbara 5, Santa Clara County 1, Palo Alto 3, San Jose 3, Tuolumne County 5.

Meningitis (Epidemic)

4 cases: Oakland 1, Los Angeles 1, Ventura County 2.

Dysentery (Amoebic)

2 cases: Pasadena 1, San Joaquin County 1.

Dysentery (Bacillary)

4 cases: Los Angeles County 1, Sacramento County 1, San Francisco 2.

Ophthalmia Neonatorum

One case: Riverside County.

Pellagra

One case: Sacramento.

Poliomyelitis

21 cases: Kern County 2, Bakersfield 4, Los Angeles 2, Orange County 1, Sacramento 2, North Sacramento 1, Sonoma County 1, Santa Rosa 2, Tulare County 4, Porterville 1, Yolo County 1.

Tetanus

2 cases: Los Angeles County 1, Bell 1.

Hookworm

One case: Sacramento.

Paratyphoid Fever

One case: Sacramento.

Trichinosis

2 cases: Berkeley 1, San Francisco 1.

Undulant Fever

4 cases: Berkeley 2, Los Angeles County 1, Monterey County 1.

Coccidioidal Granuloma

2 cases: Kern County.

Septic Sore Throat (Epidemic)

3 cases: Alhambra 1, San Bernardino 1, San Francisco 1.

Rabies (Animal)

18 cases: Los Angeles County 4, Los Angeles 5, Santa Monica 1, Monterey County 1, King City 1, Monterey 1, San Diego 5.

If education does not afford opportunity for wholesome recreation and train capacity for seeking and finding it, the suppressed instincts find all sorts of illicit outlets, * * * Education has no more serious responsibility than making adequate provision for enjoyment of recreative leisure; not only for the sake of immediate health, but still more if possible for the sake of its lasting effect upon habits of mind.—John Dewey (1915).

U. C. MEDICAL SCHOOL
LIBRARY
PAINASSUS & THIRD AVE
SAN FRANCISCO CALIF